Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
G. PETER FOOX, MD

Respondent Name
ACE AMERICAN INSURANCE CO

MFDR Tracking Number
M4-13-1648-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
FEBRUARY 28, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This fee is for medical records for Designated Doctor Wright Singleton. We provided the carrier with an explanation of charges. Copy of Form OA32A – indicating DDE yet they still deny payment! Please help me to get paid & reinforce your own rules by sanctioning this carrier."

Amount in Dispute: $35.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Upon receipt of the MDR, we sent this date of service back for reconsideration and it was determined that an additional allowance is due in the amount of $20.00."

Response Submitted by: ACE/ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 20, 2012	CPT Code 99080 – Copies of Medical Records (40 pages)	$35.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §408.0041 titled *Designated Doctor Examination,* effective September 1, 2007 outlines the procedures for Designated Doctor Examinations.
3. 28 Texas Administrative Code §134.120 titled *Reimbursement for Medical Documentation* effective May 2, 2006 sets out the fees for medical documentation
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - Previous recommended payment amount on line.
   - The appropriate modifier was not utilized.
   - 601-Per the fee schedule, this service or supply is bundled.
   - 97-The benefit for this service is included in the payment/allowance for another service/procedure.

- RE555-Previous recommended history on DCN(s).
- Copies of medical documentation $.50 per page; Previous recommended payment amount on line.
- 222-Charge exceeds fee schedule allowance.
- W1-Workers compensation jurisdictional fee schedule adjustment.

Issues

1. Are copies of medical records sent to the Designated Doctor included in the allowance for another service/procedure rendered on the disputed date of service?
2. Is the requestor entitled to reimbursement for copies of medical records sent to the Designated Doctor?

Findings

1. Based upon the submitted medical bills, the requestor billed CPT code 99080 – special reports or copies of reports, for 40 pages, on the disputed date of service. The requestor noted that the copies of medical records were for the Designated Doctor.

   Texas Labor Code §408.0041(c), states "The treating doctor and the insurance carrier are both responsible for sending to the designated doctor all of the injured employee's medical records relating to the issue to be evaluated by the designated doctor that are in their possession. The treating doctor and insurance carrier may send the records without a signed release from the employee. The designated doctor is authorized to receive the employee's confidential medical records to assist in the resolution of disputes. The treating doctor and insurance carrier may also send the designated doctor an analysis of the injured employee's medical condition, functional abilities, and return-to-work opportunities."

   Based upon the submitted documentation, the requestor complied with Texas Labor Code §408.0041(c) and submitted 40 pages of medical records to the Designated Doctor; therefore, reimbursement for the copies of medical records is recommended.

2. 28 Texas Administrative Code §134.120(f), states "The reimbursements for medical documentation are: (1) copies of medical documentation--$.50 per page." Therefore, 40 pages X $.50 = $20.00. The respondent paid $20.00. The difference between amount due and paid is $0.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	11/25/2014 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.